IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

Chasity Congious, by and through her Guardian, Kimberly Hammond, on behalf of herself and as Mother and Next Friend of Z.C.H., Deceased,	)	
Plaintiff,	)	
v.	)	Case No. 4:22-cv-00092-O
City of Fort Worth, et al.,	)	
Defendants.	)	

APPENDIX IN SUPPORT OF
PLAINTIFF'S MOTION FOR RELIEF FROM JUDGMENT

Dated: April 2, 2024

Respectfully submitted,

/s/ Jarrett Adams
Jarrett Adams, Esq.
LAW OFFICES OF JARRETT ADAMS, PLLC
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Attorney for Plaintiff

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DECLARATION OF JARRETT ADAMS IN SUPPORT OF PLAINTIFF'S MOTION FOR RELIEF FROM JUDGMENT

1. I am one of the attorneys for Plaintiff in the above-captioned case.

2. I make this declaration in support of Plaintiff's motion for relief from judgment.

3. In December 2023, Defendant Tarrant County produced an email received by Defendant Dr. Aaron Ivy Shaw on May 17, 2020 at 7:29 AM.

Pursuant to Title 28, United States Code Section 1746, I declare under penalty of perjury that the foregoing is true and correct.

Dated: April 2, 2024

Respectfully submitted,

/s/ Jarrett Adams
Jarrett Adams, Esq.
LAW OFFICES OF JARRETT ADAMS, PLLC
40 Fulton St., Floor 28
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T: 646.880.9707
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Attorney for Plaintiff

From: Green, Aaron <AGreen03@jpshealth.org>
Sent: Sunday May 17, 2020 7:29 AM
To: Massingill, Shawn;John G. Pilkington;Amy Blaustein;Charles A. Eckert;Classification;Christopher S. Cochrane;Donnie Denton;Emily C. Pedigo;Henry Reyes;John W. Leggett;Wesley A. Louden;Michael L. Gravitt;Randy A. Cundiff;Jennifer D. Renner;Celestin, Paul;CHLeadershipTeamDL;Ebiboa, Patrick;Mannon, Teresa;McCaa, Yvonne;O'Donnell, BJ;Payne, Elizabeth;Rogers, Katherine;Shaw, Aaron;Tadlock, Mark;Thairu, Carolyn;Young, Shumonica
Cc: Green, Aaron
Subject: Daily Report 5/17/20-Sunday
Attachments: FEMALE INFIRMARY 55 D. CURRENT.docx; FEMALE INFIRMARY 55 c. 5-7-20.docx; LECC 74A INFIRMARY 3 NEW.docx; LECC-74B REPORT SHEET.docx; 05-17-2020 STAR 1.pdf

EXTERNAL EMAIL ALERT! Think Before You Click!

Good morning,
Total Inmates at JPS: 10 Female: 1 Male: 11

NAME	CID	Location
[redacted]		

Please find the attached reports for:
Infirmary 55C & 55D
Infirmary 74 A/B
LECC C/D
Daily High Priority (Star 1) Report
Thank you,

1

Aaron Green
Resource Nurse
[redacted]

Shawn E. Massingill, BSN, RN
Correctional Health
JPS Health Network | 100 N. Lamar St. | Fort Worth, Texas 76196
[redacted] | www.jpshealthnet.org
Follow JPS Health Network Facebook Twitter LinkedIn

JPS Health Network
Fort Worth, Texas

TOP 100
PLACES TO WORK 2019
The Dallas Morning News

WEIGHTS ARE CHECKED ON HOUSING AND EVERY SUNDAY: DAY SHIFT 55C, NIGHT SHIFT 55D

05/17/2020 55D FEMALE INFIRMARY 7PM-7AM

1A	[redacted]		
1B			
2A			
2B			
3A	CID: MRN: DOB: ALLERGIES:		
3B	[redacted]		
4A	CID: MRN: DOB: ALLERGIES:		
4B	[redacted]		

TC038226

WEIGHTS ARE CHECKED ON HOUSING AND EVERY SUNDAY: DAY SHIFT 55C, NIGHT SHIFT 55D

5	[redacted]		
6			
6B	CID: MRN: DOB: ALLERGIES:		
7	[redacted]		
8	CONGIOUS, CHASITY [redacted]	37 Weeks 4ays Pregnant HYPEREMESIS	Seen by PAC Goggans 4/15/20 –IM refused Took PM ENSRE but Refused Breakfast C/O ABD CRAMPS
9	[redacted]		
10A			
10B	CID: MRN: DOB: ALLERGIES:		

12/12/2023

Attn: Jeffrey Patza, Esq
Jarrett Adams Law
40 Fulton Street, Floor 28
New York, NY, 10038

Dear Mr. Patza,

Thank you for giving me the opportunity to review the medical records of Ms. Chasity Ahliacha Congious and her infant, Z.C.H. All the opinions I will be giving are presented to a reasonable degree of medical certainty.

My rank is associate professor of anesthesiology, and my primary employment is at the Medical University of South Carolina (MUSC) within the Department of Anesthesia and Perioperative Medicine. I have been a board-certified anesthesiologist since 2016. My subspecialty training is in obstetrical anesthesiology, for which I completed an additional year of fellowship training on top of the standard anesthesiology residency.

I spend approximately 35 percent of my clinical time covering obstetrical anesthesia cases and 65 percent of my clinical time doing non-obstetrical surgeries and procedures. I am an academic anesthesiologist, and I perform my own cases as well as medically direct anesthesia residents, medical students, student nurse anesthetists, and certified registered nurse anesthetists (CRNAs).

My clinical experience with the subject matter of this case is broad. I routinely cover labor and delivery as part of my full-time clinical practice. This includes providing IV medication, inhaled nitrous oxide, and neuraxial procedures, such as epidurals in order to treat labor pain. Over the past 5 years, I have been directly involved with providing various forms of pain management to over 3,380 laboring mothers

I have been involved in many of the evaluations, procedures, and interventions that are at issue in this case. I care for patients from the time treatment decisions are made until they fully recover from their procedures and anesthetics. This starts well before the actual procedure, during the pre-operative evaluation stage. During this stage, I ensure that a proper history is taken, a physical exam is performed, the risks and benefits are explained to the patient, consent is obtained, an intra-operative plan is crafted, the plan is agreed upon, and the correct precautions are taken before proceeding with the operation or procedure.

In addition, I also plan for any anticipated complication associated with each patient that may arise during the procedure. My preparation may be related to, but is not limited to, airway management, pain management, intravenous access, anesthetic reactions, use of vasopressors, hemodynamic instability, invasive monitors, massive transfusion protocols, the need to escalate care, and aspiration precautions.

I understand not only what the standard of care requires but also what is likely to occur if the standard of care is not met. Having provided anesthesia for many patients like Ms. Congious, I understand the principles of labor pain management very well. Anesthesiologists like myself are the party who are primarily tasked with treating and managing labor pain. To a reasonable degree of medical certainty, Ms. Congious experienced pain while laboring and delivering baby Z.C.H. on May 17th, 2020. Therefore, based on my education, training, experience, and active clinical practice, I am qualified to render the opinions in this report.

In reviewing this case, I was presented with the following records (total: 4 records / 6858 pages):

1) Cook Children's Medical Records for Z.C.H on May 17, 2020 (33 pages)
2) JPS Medical Records for Chasity Congious from May 17-20, 2023 (87 pages)
3) Memo from TCJ Corporal Trostman to TCJ Captain Richardson, dated May 17, 2020 (1 page)
4) Email_2020-0517 Daily JPS Report_Redacted (3 pages)

According to The American College of Obstetricians and Gynecologists (ACOG)[1]:

> "Labor causes severe pain for many women. There is no other circumstance in which it is considered acceptable for an individual to experience untreated severe pain that is amenable to safe intervention while the individual is under a physician's care. Many women desire pain management during labor and delivery, and there are many medical indications for analgesia and anesthesia during labor and delivery. In the absence of a medical contraindication, maternal request is a sufficient medical indication for pain relief during labor. A woman who requests epidural analgesia during labor should not be deprived of this service based on the status of her health insurance. Third-party payers that provide reimbursement for obstetric services should not deny reimbursement for labor analgesia because of an absence of "other medical indications." Anesthesia services should be available to provide labor analgesia and surgical anesthesia in all hospitals that offer maternal care (levels I–IV)."

Vaginal deliveries following labor are divided into 3 separate stages:

1) Stage 1: Onset of true labor through full cervical dilation (10cm)
    a. Latent (early) labor: 0 – 6 cm
        i. Contractions every 5-10 minutes
    b. Active labor: 6 – 8 cm
        i. Contractions every 3-5 minutes
    c. Transitional phase labor: 6 – 10 cm
        i. Contractions every 2-3 minutes
2) Stage 2: Full cervical dilation (10cm) until birth of baby
        i. Contractions every 2-3 minutes
3) Stage 3: Delivery of baby until delivery of placenta

Different nerves are involved in pain transmission as the labor progresses through stages 1-3.

Stage 1 labor pain is described as visceral, ranging from the T10-L1 nerves, and is dull and colicky in nature. It radiates to the abdomen and lower back regions and is cyclical, manifesting and abating with each contraction, which lasts between 20-60 seconds.

Stage 2 labor pain is described as somatic, ranging from the S2-S4 nerves, and is sharper and more localized. It correlates to perineal stretching as the baby moves down the vaginal canal.

Labor pain is very complicated. The experience of pain during labor is "the result of complex processing of multiple physiologic and psychosocial factors on a woman's individual interpretation of nociceptive labor stimuli.[2]" This is a very sophisticated way of stating that labor pain hurts.

Severe pain, as during unmedicated labor, can result in a neuroendocrine stress response that results in profound deleterious effects on multiple maternal organ systems.

> "For most women, childbirth is associated with very severe pain, often exceeding all expectations. It is now well established that uterine contraction pain evokes a generalized neuroendocrinal stress response producing widespread physiological effects during the first stage of labor. They include increased oxygen consumption, hyperventilation, and respiratory alkalosis; increased cardiac output, systemic peripheral resistance and blood pressure; delayed gastric emptying; impaired uterine contractility and diminished uterine perfusion; and medical acidosis.[3]"

Lastly, there is also a psychological toll.

> "The pain of childbirth is arguably the most severe pain most women will endure in their lifetimes. Severe, poorly controlled labor pain can also result in long-term consequences, such as increased risk of postpartum depression, post-traumatic stress disorder, and increased severity of postpartum pain.[4]"

Anybody who has spent any time in the labor and delivery ward at a hospital can attest to the fact that the mothers are in pain. For this reason, anesthesiologists are frequently consulted to provide labor analgesia. This may take many forms and the gold standard of labor pain management is an epidural.

In reviewing Ms. Congious's records, it is overwhelmingly likely that she experienced profound pain and suffering while laboring alone in her jail cell. Her delivery was unmedicated, unwitnessed, and unknown before it was incidentally discovered. The inability to articulate pain should not be confused with not feeling pain. Ms. Congious experienced pain while laboring and when delivering baby Z.C.H.

The care of Ms. Congious from 05/16/2020 – 05/17/2020 is summarized below:

Ms. Chasity Ahliacha Congious was a 22-year-old woman [redacted] when she was taken to John Peter Smith Hospital on 05/17/2020 following a precipitous delivery in her jail cell. Her past medical history included intellectual disability, substance abuse, depression, anxiety, bipolar disorder, and schizophrenia. She had no prior surgeries and had no known drug allergies. She was an inmate at Tarrant County Corrections Center and was 37 weeks + 4 days pregnant.

According to the daily report sent out on 5/17/2020 at 7:29 am, Ms. Congious refused breakfast and was "c/o abd cramps [complaining of abdominal cramps]." To a reasonable degree of medical certainty, those cramps were uterine contractions from Ms. Congious being in labor.

According to a memo from Corporal Trostman, she responded to an inmate medical emergency on 5/17/2020 at 09:07. "A small bundle still wrapped inside uniform pants" was discovered. This bundle was baby Z.C.H. Aid was administered to Z.C.H. and Ms. Congious. Considering the close temporal proximity to Ms. Congious's abdominal cramps, documented at 07:29, this further bolsters the assertion that to a reasonable degree of medical certainty, that Ms. Congious was in labor and delivered 4.27 pound Z.C.H. sometime between 7 am and 9 am on 5/17/2020.

Ms. Congious was then transferred to John Peter Smith Hospital. She was found to have a 3(A) degree perineal laceration, suffered during her unwitnessed delivery. The 3(A) laceration involves a tear of "less than 50% of the anal sphincter." This was repaired with "20cc Lidocaine injected for anesthesia." Of note, 3rd-degree perineal tears are associated with breakdown, infection, and symptoms of pelvic floor dysfunction such as incontinence and rectal prolapse.[5]

The care of baby Z.C.H. on 05/17/2020 is summarized below:

Z.C.H was delivered precipitously on 5/17/2020 by her mother Ms. Chasity Ahliacha Congious "in her pants" 30 minutes before presenting to the emergency department at 10:04 am. She was pulseless and in cardiac arrest. Bag-mask ventilation was ongoing and chest compressions were being performed upon arrival. Z.C.H. was found to be in pulseless electrical activity and

required multiple rounds of Pediatric Advanced Life Support (PALS) before return of spontaneous circulation.

The time of delivery for Z.C.H. was unknown, but Z.C.H was described as being found alongside the placenta in her mother's pants. It is unclear what care was rendered to Z.C.H. upon being discovered. The standard resuscitative practices would be to warm, dry, and stimulate the newborn while performing Apgar scoring and monitoring their respirations. It is unlikely that this was done at the jail.

Ultimately, upon being resuscitated at the hospital, Z.C.H.'s arterial blood gas demonstrated a pH of less than 6.97, and the standing diagnoses were "cardiopulmonary arrest in newborn" and "hypoxic-ischemic encephalopathy." The prognosis was grave.

Summary

Ms. Chasity Ahliacha Congious delivered baby Z.C.H on 05/17/2020, alone, in her jail cell.

Ms. Chasity Ahliacha Congious experienced both physical and psychological pain and suffering by having an unmedicated, unsupported, and unwitnessed birth.

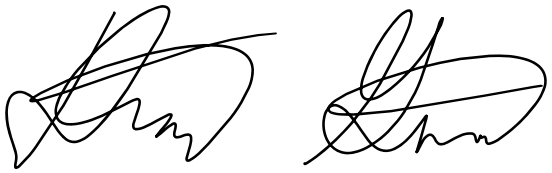
Z.C.H. suffered distress at not being resuscitated after being born and this was followed by pain and suffering upon going into cardiac arrest, requiring chest compressions and pediatric advanced life support.

It is my opinion, within a reasonable degree of medical certainty, that had Ms. Chasity Ahliacha Congious received appropriate and standard obstetrical medical treatment, she would not have suffered as she did and the outcomes for Z.C.H. would have been different.

This report is being produced after reviewing the medical records of Ms. Chasity Ahliacha Congious and Z.C.H. at John Peter Smith Hospital, Tarrant County Corrections Center, and Cook Children's Medical Center.

I hold these opinions to a reasonable degree of medical certainty. In reviewing the records, I have ruled out other plausible causes to a reasonable degree of medical certainty. It is not intended to comprehensively set forth all opinions that I may hold regarding the medical care and treatment of Ms. Chasity Ahliacha Congious and Z.C.H. My opinions are, therefore, expressly preliminary in nature. I reserve the right to revise, modify, and/or expand on the opinions set forth in this report.

Thank you,



David A. Gutman, MD, MBA, FASA
Associate Professor of Anesthesiology
Charleston, South Carolina, 29403

References:

1) ACOG Practice Bulletin No. 209. *Obstetrics & Gynecology*. 2019; 133(3).
2) Lowe NK. The nature of labor pain. American Journal Obstetrics and Gynecology. 2002 May; 186(5 Suppl Nature):S16-24.
3) Brownridge P. The nature and consequences of childbirth pain. European Journal Obstetrics Gynecology and Reproductive Biology. 1995 May;59 Suppl:S9-15
4) Wong CA. Advances in labor analgesia. Int J Womens Health. 2010 Aug 9;1:139-54.
5) ACOG Practice Bulletin No. 165. Obstetrics & Gynecology. 2016; 128(1).

Inmate: Congious, Chasity (BF)

CID: [redacted]

DOB: [redacted]

Booked In: 01/16/2020

Charges: Injury Child/Eld/Dis (F3) – No bond

Asssault Bodily Injury (MA) - $2,500 bond

Housed: 55D08 (housed alone)

S/N#: [redacted]

Incident Date: Sunday, 05/17/2020 @ 0905

Emergency Contact: [redacted]

Synopsis: Inmate Congious was 37 weeks pregnant and housed alone in 55D08. During medication pass the pod officer noticed blood on the inmate's clothing. Upon further inspection it was found that the inmate had given birth. An emergency code was called and security and medical personnel arrived to provide assistance. The child was taken to Cook Children's Hospital via MedStar and Inmate Congious was taken to JPS Hospital via ambulance. Inmate Congious self-reported a history of mental health illness diagnosis, medication, and history of attempted suicide at arrest.

No observation check discrepancies were noted. Inmate Congious is currently has returned to the Corrections Center from JPS Hospital and is housed in 55D03; the infant remains at Cook Children's Hospital. On Monday, 05/18/2020, Dr. Shaw advised Captain Richardson that Cook Children's Hospital would not release any info on the infant's status due to HIPPA laws. Mary Elizabeth also tried to get information but also was not able to get information. As of 2030 hours on Sunday, the infant was in critical condition per Dr. Shaw.

TIMELINE

0853 – 0859	Last observation check started and completed
0905	Blood observed during medication pass in cell 55D08/Code 6 Signal 1 Called
0905 - 0907	Security and Medical staff responded to Code 6 Signal 1 in 55D
0908	MedStar contacted
0917	Fort Worth Fired Department arrived and took over chest compressions on infant
0920 – 0923	MedStar ambulance arrived
0935 – 0936	MedStar #62 departs with infant to Cook Children's Hospital
0936	Second MedStar ambulance arrives
0944	Inmate removed from cell and placed on stretcher by MedStar personnel
0952 – 1002	Second MedStar #25 departs with inmate to JPS Hospital
0950	Code 6 Signal 1 cleared
1230	Crime Scene arrived
2030	Per Dr. Shaw, via Captain Richardson, the infant was in critical condition.

CERTIFICATE OF SERVICE

I hereby certify that on April 2, 2024, I electronically filed the foregoing pleading with the United States District Court for the Northern District of Texas using the CM/ECF system, which will automatically serve a true and complete copy upon all counsel of record.

/s/Jarrett Adams
Jarrett Adams, Esq.